



State of Rhode Island
Department of Business Regulation



DIVISION OF COMMERCIAL LICENSING AND REGULATION
TRAVEL SECTION

233 Richmond Street, Suite 230
Providence, Rhode Island 02903-4230
Telephone (401) 222-2416 Facsimile (401) 222-6654
www.dbr.state.ri.us

APPLICATION FOR REGISTRATION AS APPRENTICE TRAVEL AGENT
REGISTRATION FEE \$25.00, Made Payable to "RI General Treasurer"

Name: _____

Address: _____

Telephone Number: _____ Date of Birth: _____ Social Security Number: _____

Name of Travel Agency Employing Apprentice: _____

Address of Travel Agency: _____

Agency Telephone Number: _____ Rhode Island Travel Agency License Number: _____

Name or Licensed Travel Agent/Manager whom has agreed to supervise training: _____

License Number of Agent/Manager whom has agreed to supervise training: _____

I hereby agree to a period of six (6) months of apprentice agent training as my principal occupation with the above named travel agency for the purpose of learning the general means and methods of providing travel services in accordance with Chapter 5-52 of the General Laws and as amended. Apprentice license period to begin with the date of issuance of my registration card by the Rhode Island Department of Business Regulation. I certify that the above information is true and correct and that I have read and understand the requirements for obtaining a Travel Apprentice License in the State of Rhode Island

X _____
Signature of Applicant

+++++
In condition of the above agreement with (name of apprentice) _____,

I (name of agency owner/manager) _____ hereby agree to employ said person as an apprentice travel agent on a full-time basis for the stated six month period for the purpose of supervising his/her learning the general mean and methods for providing travel services. I further agree that, in the event his/her services should be terminated prior to the completion of the said six month period, that I will IMMEDIATELY notify the Department of Business Regulation of such termination and that the Apprentice Permit will be returned to the Department for cancellation. The conditions of his/her employment and training will meet the requirements of Chapter 5-52 and the rules and regulations governing same under that Chapter.

I hereby acknowledge that failure to comply with the above conditions of this agreement may result in disciplinary action against my state travel agency/manager license by the Department of Business Regulation.

X _____
Signature of Travel Agency/Manager License Holder



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BCI WAIVER FORM

I, _____, of _____
(applicant name) (address)

having date of birth of _____ and a social security

number of _____ am applying for a _____

license with the Department of Business Regulation and I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, the employees of the Attorney General's Office and officials of the Department of Business Regulation in both law and equity which I may now have or in the future may have.

X _____
(Signature of Applicant) Date

Sworn to me on this _____, day of _____, _____.

X _____ My Commission Expires: _____
Notary Public Signature